

**CERTIFICATE OF SERVICE**

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Horizon Medicines  
150 S. Saunders Road  
Lake Forest, IL 60045

Horizon Therapeutics USA, Inc.  
f/k/a Horizon Pharma USA, Inc.  
Attn: Ronald E. Gold  
301 E. Fourth St., Ste. 3300  
Cincinnati, OH 45202

Horizon Therapeutics USA, Inc.  
f/k/a Horizon Pharma USA, Inc.  
Nelson Alexander, Sr VP, Legal-Lit  
150 S. Saunders Rd.  
Lake Forest, IL 60045

Horizon Medicines LLC  
Attn: Andreea Kellis  
29667 Network Place  
Chicago, IL 60673-1296

Horizon Medicines LLC  
Attn: Andreea Kellis  
29667 Network Place  
Chicago, IL 60673-1296

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Horizon Medicines LLC  
Attn: Andreea Kellis  
29667 Network Place  
Chicago, IL 60673-1296

Horizon Medicines LLC  
Attn: Timothy Walbert, President and  
CEO  
308 Courtland Ave.  
Park Ridge, IL 60068

Corporation Service Company,  
R/A for Horizon Medicines LLC  
251 Little Falls Drive  
Wilmington, DE 19808

Horizon Therapeutics USA Inc.  
(f/k/a Horizon Pharma USA Inc.)  
Attn: Tim Walbert, Chairman, Pres and  
CEO  
1 Horizon Way  
Deerfield, IL 60015

Horizon Pharma USA Inc.  
Attn: Tim Walbert, Chairman,  
President and CEO  
1 Horizon Way  
Deerfield, IL 60015

Corporation Service Company,  
R/A for Horizon Therapeutics USA Inc.  
(f/k/a Horizon Pharma USA Inc.)  
251 Little Falls Drive  
Wilmington, DE 19808

Corporation Service Company,  
R/A for Horizon Pharma USA Inc.  
251 Little Falls Drive  
Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing  
Pachulski Stang Ziehl & Jones LLP  
10100 Santa Monica Blvd.  
13<sup>th</sup> Floor  
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Horizon Medicines LLC            Attn: Andreea Kellis            29667 Network Place            Chicago, IL 60673-1296</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3985 8039</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Corporation Service Company,            R/A for Horizon Therapeutics USA Inc.            (f/k/a Horizon Pharma USA Inc.)            251 Little Falls Drive            Wilmington, DE 19808</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3985 7988</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
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<p>1. Article Addressed to:</p> <p>Horizon Therapeutics USA Inc. (f/k/a Horizon Pharma USA Inc.) Attn: Tim Walbert, Chairman, Pres and CEO 1 Horizon Way Deerfield, IL 60015</p>		<p>B. Received by (Printed Name) <i>Lopez</i></p>	<p>C. Date of Delivery <i>2-14-22</i></p>
<p>2. Article Number (Transfer from service label) <b>7017 2400 0000 3985 7995</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
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<p>2. Article Number (Transfer from service label) <b>7017 2400 0000 3985 8008</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Corporation Service Company,  R/A for Horizon Medicines LLC  251 Little Falls Drive  Wilmington, DE 19808</p>		<p>B. Received by (Printed Name)  Paul Sisofo</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3985 8015</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
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<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3985 7971</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
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